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Old Age Stigmatization

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Abstract

Surprisingly, the discourse on ageism hardly profits from stigma research despite their common denominator—discrimination. The goal of this article is to discuss the stigma concept developed on micro-level interactions and apply it to ageism research on the macro level, i.e. using Round 4 data of the representative international European Social Survey (2008). The data analysis is focused on dominant opinions of the Lithuanian population (N=2002) and usual behavior toward older people, while international comparison is used for interpretation of results. The results show that old age in the Lithuanian society is an “open secret” type of stigma: verbal praise of older people, high assessment of their morals and polite declaration of respect conceal intolerance, disregard and discrimination on the behavioral level. The old age stigma is widespread in Lithuania and stronger than in advanced European countries. Its level is close to discrimination particular to other post-communist and Mediterranean countries.

Keywords: old age, stigma, European Social Survey, Lithuania

1. Introduction

Surprisingly, the discourse on ageism hardly profits from stigma research despite their common denominator—discrimination. Up to now, stigma research has been carried out mainly by psychologists focusing on individuals’ perceptions and consequences of such perceptions for micro-level interactions (stereotyping). It needs extension on the macro level perspective: investigation on sources and consequences of constructed social exclusion, and attention to discrimination and structural issues (Oliver, 1992; Fiske, 1998). Are ageism and stigmatization intertwined and interconnected? How can they

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complement each other? The goal of this article is to discuss stigma concept developed on micro-level interactions and apply it in ageism research on the macro level using Round 4 data of the European Social Survey.

2. Stigma: the concept, mechanisms and consequences

The stigma concept was introduced by Erving Goffman (1963) as: 1) a special “discrepancy between virtual and actual social identity”, 2) “a special kind of relationship between attribute and stereotype” (Goffman, 1986: 3-4) or 3) deviation from identity norms that are to be conformed to rather than complied with. He used the term “norm” in a broader sense, including a set of specific characteristics hegemonic in a particular society (for example, vision, literacy, and physical attractiveness). According to E.Goffman, a norm in American society perfectly corresponds to a white, young, married, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight and height, and athletic. Hence, it is not sufficient to have will or desire in order to conform to a norm, and everyone failing feels unworthy, incomplete or miserable; if not for any other reason, than because of ageing (Goffman, 1986: 129). Noticeably, ageing is attributed to types of stigma: E.Goffman mentioned self-help clubs of the elderly among others, for instance, for divorced, obese, physically disabled, etc. (Goffman, 1986: 22). He suggested that the question was not whether a person has experienced any stigma because s/he definitely has; it is how many variations of it s/he has experienced during one’s life (Goffman, 1986:129). Thus, E.Goffman (1986:128) considered stigma as a universal phenomenon, which means spoiled identity, leading to inaccessible full social acceptance.

During last decades, the stigma concept was intensively developed and investigated in social psychology, mainly studying cognitive processes—category making and stereotyping. Since a person is stigmatized once s/he possesses (or is believed to possess) “some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context” (Crocker et al, 1998:505), marks of stigma are related to predisposition to discredit with negative estimations and stereotypes (Jones et al., 1984) that are usually widely used and well-known to members of a particular culture (Crocker et al., 1998; Steele, 1997). They become the basis to exclude or avoid members of a stigmatized category (Leary, Schreindorfer, 1998; Major, Eccleston, 2004). In small groups, individuals are discriminated due to socially devalued status, even if the devalued feature is no way related to the group tasks (Mullen et al., 1989). Though both strong and weak groups can create stereotypes and negatively estimate the other, it is likely that due to the access to resources control, the beliefs of the first one will dominate (Fiske, 1993; Link, Phelan, 2001).

Stigma affects the stigmatized as self-fulfilling prophecy (Jussim et al., 2000). Negative stereotypes may contribute to such treatment of stigmatized, which will directly affect their thoughts, feelings and behavior. The behavior of stigmatized may confirm false initial expectations (Darley, Fazio, 1980; Deaux, Major, 1987; Jussim et al., 2000) and even lead to changes in self-perception of corresponding expectation of the stigmatized (Fazio et al., 1981). For the process to unfold, a target person does not even need to be aware of expectations, stereotypes and prejudices of other persons (Snyder et al., 1977; Vorauer, Kumhyr, 2001). The stigmatized themselves do not always adequately recognize and understand their discrimination as it is more noticeable if applied to a group (category) as a whole (Crosby, 1982; Taylor et al., 1994).

The term “stigma” used in the literature varies broadly (for example, apart from definitions by E.Goffman, mark (of disgrace) or a personal characteristic contradicting the norm of a social unit) (Stafford, Scott, 1986). Consequently, it was criticized as vague and highly individualized (Link, Phelan, 2001). In

order to concretize the concept, B.G.Link and J.C.Phelan (2001) conceptualized stigma as the process including co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in the situation of power, which allows these elements to evolve. According to the authors, the cases of lower status individuals sticking labels and stereotyping individuals of higher social status, e.g. patients of psychiatric hospitals vs. medical personnel as well as ordinary citizens vs. politicians, lawyers etc., are not regarded as stigmatization as the labelers do not have the necessary power to impose a label upon individuals of higher status.

However, such stigma definition substantially digresses from the original one, i.e. spoiled identity, the relationship between attribute and stereotype (E.Goffman). In my opinion, it is too extended, as it already contains stigma consequences (loss of status and discrimination). The above-mentioned case with individuals of lower status labeling higher status individuals (grinning, taunting or avoiding them) can be designated as a stigma, because from the dramaturgical perspective of E.Goffman, this way their performance is damaged and their certainty as doctors or politicians is challenged. The only thing is that such powerless stigmatization has no further consequences, i.e., loss of status and discrimination.

Apparently, for research purposes (as it is difficult to operationalize and detect stigma in Goffman's sense) other authors also include discrimination into the concept of stigma. For instance, Ch.A.Emlet (2005) proposed stigma as a devaluation process, which turns into discrimination and violation of human rights. The author measures it by scales of distancing, blaming and discrimination. External or executed stigma refers to sanctions applied individually or collectively, discrimination or prejudice. In this sense, discrimination—individual and structural—is equal to entrenched stigmatization, its last phase.

In sociology, the stigmatization theory is closely related to the labeling theory. Primary and secondary processes of stigmatization are distinguished. The primary process means that significant others perceive the behavior of a person as different from normative standards and stick any label onto him/her. The repeated or permanent affirmation of the label results in secondary stigmatization, i.e., internalization of stigma, during which the person accepts the label, identifies with it, and begins behaving accordingly (Mikulionienė, 2011). The use of the stigmatization theory in the research on elderly people identified persisting secondary stigmatization processes (Kuypers, Bengtson, 1972). The elderly might not contact a doctor, while assigning their deteriorating health to old age (Victor, 2005). The stigmatization theory was criticized suggesting that situations of older people stigmatization are rare, as is negative self-concept in old age, because most of them have sufficient personal resources and competences to adapt to changing social roles (Mikulionienė, 2011: 103). However, the phenomenon of stigma evidenced by psychological research is more complicated.

Stigma investigation is difficult because discrimination of stigmatized groups involves the use of interchangeable and mutually reinforcing mechanisms (Lieberson, 1985). If stigmatized individuals do not accept a lower status voluntarily, direct discrimination can be used. When it becomes ideologically difficult to use it, complex structural forms of discrimination emerge. And the more the stigmatized accept the dominant view to their status, the less likely it is that they will resist structural discrimination forms limiting their possibilities (Link, Phelan, 2001:375). Seeking to avoid personal consequences of stigma, one has to sustain significant costs of compensation; for example, black Americans tend to work a lot and very hard in order to deny the stereotype of their laziness and incompetence, which results in high blood pressure (James et al.,1984). Moreover, substantial variations emerge within stigmatized groups because life chances are influenced by personal, social, and economic resources (Link, Phelan, 2001: 380).

The mechanisms and a wide range of consequences of stigma allow explaining reasons, for which members of stigmatized groups face less favorable conditions in many areas of life (Link, Phelan, 2001). Stigma leads to limited social opportunities, poorer life chances and has a negative impact on health of an

individual. The research has found its link with weak mental health, physical illnesses, poorer academic achievements, infant mortality, low social status, poverty, and poorer housing, education and employment opportunities (Alison, 1998; Braddock, McPartland, 1987; Clark et al., 1999; Yinger, 1994). The link of stigmatized identity and depression was disclosed (Oullette Kobasa et al., 1991) as well as a higher risk of heart diseases (American Heart Association, 2003; Jackson et al., 1996; Krieger, 1990; McEwen, 2000). The income and education of older people, who felt stigmatized, were inferior (Werner et al., 2009).

Members of stigmatized groups are discriminated in the housing market, employment, education, health and law enforcement systems (Crandall, Eshleman, 2003; Sidanius, Pratto, 1999). They are discriminated even within their family; for example, parents of voluptuous daughters pay for their college education less frequently than parents of average-weight daughters (Crandall, 1995). Older people are excessively patronized by the young, and the former are discriminated at work (Nelson, 2002). As a result of discrimination, low social status may turn out to be the cause of further discrimination (Link, Phelan, 2001). The stigmatization may become institutional even in the absence of individual prejudice or discrimination, such as the practice of school funding from collected property tax in U.S. areas, which entrenches the educational differences between white and stigmatized groups of ethnic minorities (Sidanius, Pratto, 1999).

3. Old Age Stigmatization in Lithuania and in International Comparison

Are there any special circumstances in applying the concept of stigma to research of old age in Lithuania (and in other post-communist countries)? Subjective social localization study showed that older people in Western countries evaluated their position in the society somewhat more favorably than younger, while older people in Eastern European countries felt being lower in the social hierarchy than younger people as well as lower in comparison with their peers outside the countries of the former Soviet bloc (Evans, Keley, 2004). Also, "glocalization", a global re-stratification process (Bauman, 2007:109), opens more opportunities for the young, speaking foreign languages, managing modern technologies, studying, working, living and having vacations abroad, but localizes the old who don't know foreign languages and don't use new technologies. According to Eurobarometer survey conducted in 2009, age discrimination in Lithuania is considered the most prevalent among all forms of discrimination; and in employment, age might be the greatest disadvantage; such opinions were supported respectively by 59 % and 57 % of Lithuanian residents (Eurobarometras, 2009).

3.1 Hypothesis and Methodology.

So, if old age in Lithuania is stigma, then after reaching a corresponding age, one avoids identifying with old people and old age gets "pushed" forward into indefinite time (the future) and place. Meanwhile, the public attitudes toward old people are unfavorable or negative, the elderly are expelled from particular social situations and experience prejudice because of age. Then, the extent, to which old age is stigmatized and its prevalence in Lithuania should be explored.

The European Social Survey (hereinafter—ESS) data was analyzed to find the answers as Round 4 (European Social Survey, 2008a) included Lithuania. This inquiry is representative as *Baltic Surveys Ltd.* interviewed 2,002 Lithuanian residents in fall of 2009.

ESS question block on ageism aimed to investigate age-related stereotypes, attitudes toward aging, intergenerational conflict, and experiences of ageism with reference to theory and methods of social psychology. Formulated on the basis of national surveys of 2004 and 2006, the questions were

incorporated into ESS by the initiative of UK researchers. The initial proposal for the survey was adapted by an international team of researchers comprised of Dominic Abrams (UK), Luisa Lima (Portugal) and Geneviève Coudin (France) (European Social Survey, 2007, 2008b). A large international survey provided a unique opportunity to compare results from different countries. Aiming to interpret the data on older people, it was not only compared with data on other age groups in Lithuania but also groups of older people from other EU member states. This allowed measuring the extent of ageism in Lithuania compared to other countries.

As age of respondents provided in the ESS database is calculated from the date of birth, the author distinguished the following age groups: under 18-year-olds (teenagers), 18–44 (young people), 45–64 (mature), 65–74 (elderly) and 75–89 (old)¹. Persons over 89 were not included in this survey. In order to analyze differences of opinions between age groups of respondents, ANOVA with following post-hoc criteria was used: Hochberg (because of different sample sizes) and Games-Howell (as supplementary). Correlation between the variables was checked using Spearman's coefficient. For mean comparisons of two assessment questions, z-test was applied as suitable for large samples.

As Lithuanian data was not incorporated into the general array of the Round 4 of ESS, they were analyzed separately and in the international analysis, the overall mean is provided without Lithuanian data. Analysis of data from other European countries was made on the ESS webpage. It was limited due to availability of statistical tools.

3.2 Data Analysis

The following text describes findings pertaining to the analysis of ESS data. Answering to the question "At what age do you think people generally start being described as old?" (E2 question), respondents in Lithuania named the age ranging from 30 to 100 years; however, usually they opted for 70 yrs. (21 %) or 60 yrs. (20 %) and 11 % agreed to the statement that "It depends on the person". The overall average onset of old age amounted to 66.4 yrs. Depending on an age group, it increased from 60 yrs. (the age group of 15–17 yrs.) to 71 yrs. (the age group of 75–89 yrs.) (Figure 1). The one-way analysis of variance demonstrated statistically significant differences in means particular to age groups (value of criterion F was 37.67; $p=0.000$). Only differences between opinions of two oldest age groups were statistically insignificant. Additionally, there was a weak relationship between age groups of respondents and the perception of the onset of old age (Spearman's coefficient amounted to 0.28, $p=0.000$).

Thus, the numeric value of the answer to the question on the onset of old age increased depending on the age of respondents. These data confirmed results of the earlier survey (Öberg, Tornstam, 2001): old age is a phenomenon that recedes with years. The average onset of old age in countries covered by ESS ranged between 55.11 yrs. (in Turkey) and 68.15 yrs. (in Greece). With the mean onset of old age amounting to 66.35 yrs. Lithuania took a position among countries that recede old age the most, next to Greece, Cyprus and Portugal.

¹Since the most common old age margins are 60 years (an old age criterion approved by the United Nations) and 65 (World Health Organization standard) (Mikulionienė, 2011:59), in the general part of this research, age groups were composed according to the WHO recommendations, and while analyzing elderly people only individuals over 60 were chosen.

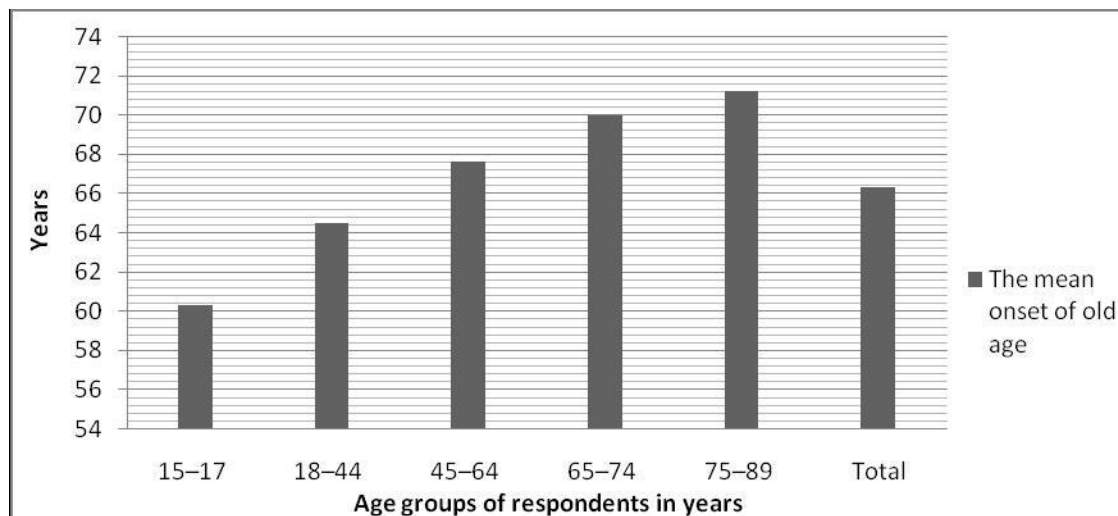


Figure 1.

The mean onset of old age in years depending on age groups of Lithuanian respondents.

Source: compiled by the author on the basis of the ESS Round 4 (2008) data.

As logically expected, to the request to mark the box indicating “the age group you see yourself as belonging to” (E3 question) with boxes A(01)–C(03) representing the young, D(4)–F(6)—the middle aged, and G(7)–J(09)—the old, most Lithuanian respondents in the age group of 65–74 yrs. marked G(07) (40 %) and H (08) (31 %); however, they only amounted to 71 % of all respondents in the age group (Figure 2).

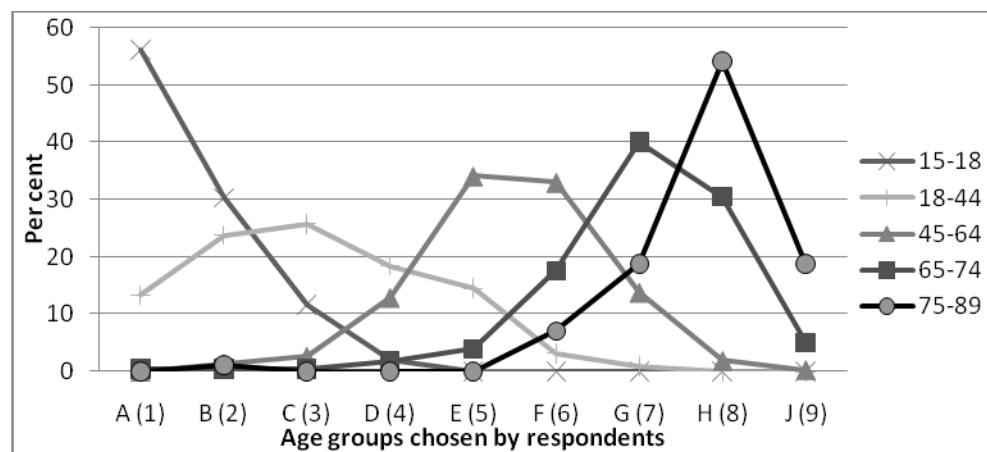


Figure 2.

Self-attribution to age group according to age of Lithuanian respondents (%).

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

For example, 18 % attributed themselves to a younger age group F (06). Analogically, respondents in the age group of 75–89 yrs. mostly attributed themselves to group H (54 %); meanwhile both groups J and G were marked by 19 % of respondents of the age group. Consequently, age corresponding groups H

and J received 73 % of respondents. Hereby, at least a quarter of older people identified themselves with the younger (possibly, others also thought of themselves as a little younger but remained within suggested intervals). Besides, answers to another question revealed that identification with the chosen age group among the oldest respondents was stronger than that of working age people, which suggests efforts to refrain from being old.

Answering to the question "Where most people would place the status² of people over 70?" (E7) on the ten-point scale with 0 as "extremely low status" and 10—"extremely high status", the general mean of evaluations amounted to 4.37 points, which is a little lower than the average. The one-way ANOVA did not demonstrate any statistically significant differences between means of ten-point scale evaluations of the status depending on respondent age groups. Thus, the social status (prestige) of people over 70 is viewed by Lithuanian residents somewhat lower than average and the difference of evaluation given by older people was not statistically significant.

Comparison of the social status of different age groups (answers to questions "Where most people would place the status of people in their 20s?" (E5), "Where most people would place the status of people in their 40s?" (E6) and "Where most people would place the status of people over 70?" (E7)) revealed clear differences. Means of ten-point scale evaluations of the status of 20–30 year-olds, 40–50 year-olds and 70 year-olds were 5.21, 6.17 and 4.37, respectively (differences were statistically significant, Z test was used as suitable for large samples). The social status of the oldest people was given the worst evaluation. According to the one-way ANOVA, the only statistically significant differences between means of the status evaluations were identified in the age group of 40–50 year-olds (value of criterion F was 5.89; $p=0.000$). In Lithuania, therefore, the social status of people over 70 is regarded lower than that of younger working age groups. In the international context, Lithuania is situated among countries that regard the social status of people over 70 as lower (Lithuanian mean is 4.37, while the overall mean of other countries amounts to 4.43; their lowest status is in Bulgaria (mean 2,39), Ukraine (3,08) and Russian Federation (3,35); Figure 3).

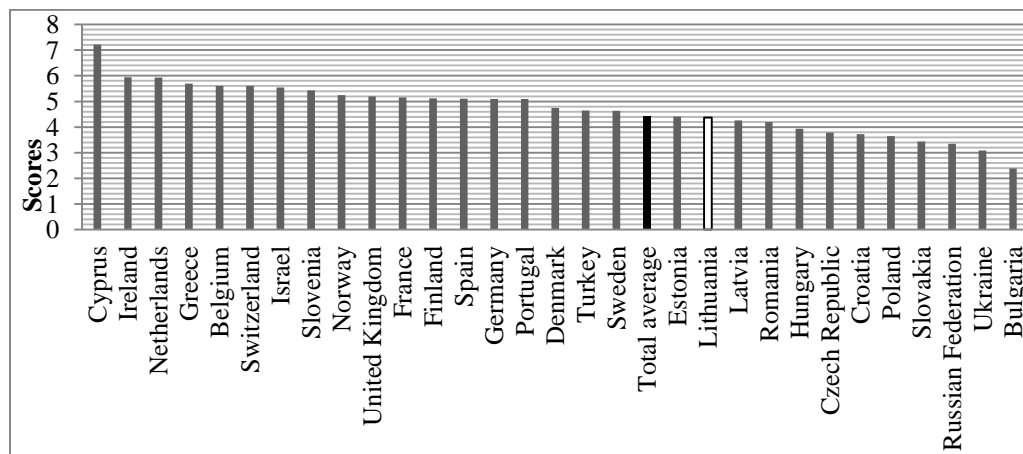


Figure 3. Mean evaluations of the majority of population on the status of people over 70 (0—"extremely low status", 10—"extremely high status") in scores in different countries.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

²The survey explains "social status" as prestige, social standing and position in society.

A distinct group of questions describes personal characteristics particular to 20–30 year-olds and people over 70. As regards the following two questions, namely, “How likely it is that most people in Lithuania view those in their 20s as friendly?” (E15)/competent (E16)/having high moral standards (E17)/with respect (E18) and “How likely it is that most people in Lithuania view those over 70 as friendly?” (E19)/competent (E20)/having high moral standards (E21)/with respect (E22), responses on a five-point scale with 0 as “Not at all likely to be viewed that way” and 4—“Very likely to be viewed that way” were more positive toward people over 70 in all cases. Older people were viewed as friendlier than the young (2.77 versus 2.57), more competent (2.61 v. 2.49), having higher moral standards (2.99 v. 2.05) and more worthy of respect (3.24 v. 2.38) (in all cases, the difference was statistically significant; Z test was used for comparison of means).

The one-way analysis of variance revealed statistically significant differences in almost all means of evaluations given by respondent age groups on personal characteristics particular to 20–30 year-olds and people over 70 (values of criterion F for questions E15, E16, E17 and E19

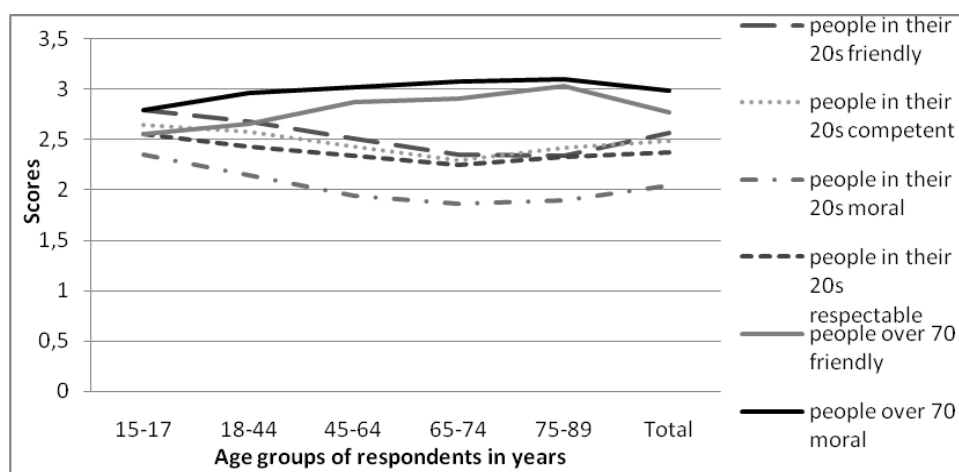


Figure 4.

Mean evaluations of likelihood (0—“Not at all likely to be viewed that way”, 4—“Very likely to be viewed that way”) that the majority of Lithuanian population attributes personal characteristics particular to people in their 20s and over 70 by respondent age groups, in scores.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

were 9.26, 6.20, 9.62 and 8.67, respectively, while their p values were equal 0.000; for the question E18 $F=3.58$, $p=0.007$; for the question E20 $F=2.52$, $p=0.039$; and for the question E21 $F=3.06$, $p=0.016$). Opinions did not differ only regarding the competence and respect toward people over 70. Means of evaluations on friendliness of people aged 20–30 yrs. given by two younger respondent age groups were statistically significantly higher than those of three older respondent groups (Figure 4). However, there is an inverse and weak relationship between evaluations on friendliness of the young and the age of respondents (Spearman's coefficient is -0.13 , $p=0.000$): older people are more skeptical about friendliness of 20–30 year-olds. Analogically, older people are more skeptical about the competence of the young; meanwhile, younger people are better disposed toward the moral and respectability of the young. Likewise, older people are better disposed toward the moral and friendliness of old people rather than those of 20–30 year-olds.

And what about leadership? On the ten-point scale, to the question "How acceptable or unacceptable you think most people in Lithuania would find it if a suitably qualified 70 year old was appointed as their boss?" (E24), half (56 %) of respondents indicated they thought it would be unacceptable to the majority of Lithuanians (respondents chose scores 0–4). The mean of evaluations given by respondents amounted to 4.12, which is lower than average. Thus, the Lithuanian society has a rather unfavorable view toward appointment of older people to management positions.

Clear differences emerged comparing the disposition of Lithuanian residents toward young and old managers (responses to questions "How acceptable or unacceptable you think most people in Lithuania would find it if a suitably qualified 30 year old was appointed as their boss?" (E23) and "How acceptable or unacceptable you think most people in Lithuania would find it if a suitably qualified 70 year old was appointed as their boss?" (E24)). Evaluating acceptability of a young manager to the majority of Lithuanian residents on a ten-point scale, only 13 % of respondents chose scores 0–4, which were closer to the response "Completely unacceptable". The mean of evaluations amounting to 7.13 was significantly greater than the average. There were no statistically significant differences in means of evaluations given by respondent groups. Consequently, Lithuanian residents of all age groups agree that the majority would be favorably disposed toward a 30-year-old manager.

As a result, the answers to above-stated questions suggest a paradox: in Lithuania, people over 70 are considered more competent, friendlier, having higher moral standards and more respectable than people in their 20s, yet the latter are more suitable as managers despite of inferior moral standards and respectability (Figure 5).

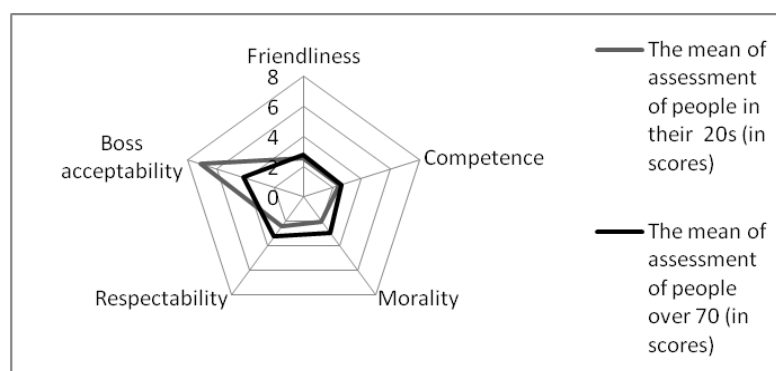


Figure 5.

Mean evaluations of likelihood (0—"Not at all likely to be viewed that way", 4—"Very likely to be viewed that way") that the majority of Lithuanian population attributes personal characteristics particular to people in their 20s and over 70 and mean evaluations of their acceptability as a manager for the majority of Lithuanian population (0—"Completely unacceptable", 10—"Completely acceptable"), in scores.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

In the international context, Lithuania takes a position at the bottom (25th out of 30; below is Ukraine, Russia, Hungary, Slovakia, and Bulgaria) (Figure 6) according to favorable disposition toward managers over 70. The mean of evaluations given by the Lithuanian respondents amounts to a total of 4.12, whereas the overall mean of other countries amounts to 4.84. Thus, Lithuania belongs to the countries that are most intolerant to old managers despite of high level of their competence.

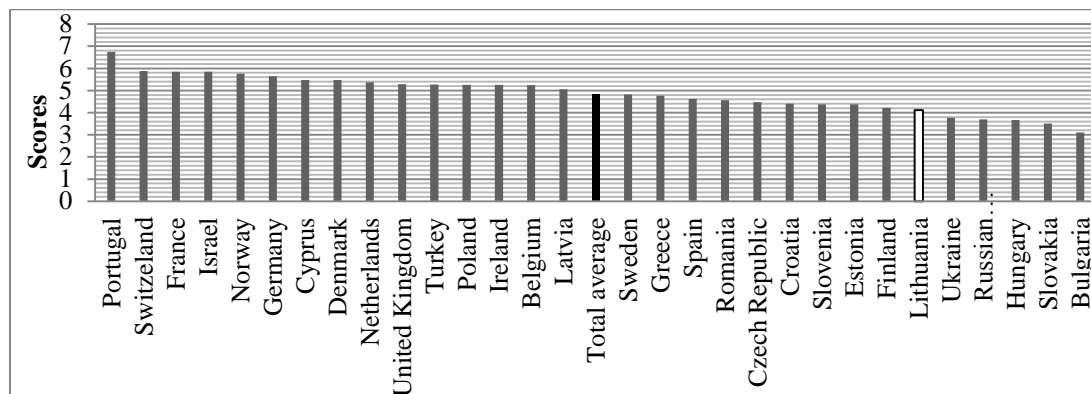


Figure 6.

Mean evaluations of person's over 70 acceptability as a manager for the majority of population in different countries (0—"Completely unacceptable", 10—"Completely acceptable"), in scores.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

How do Lithuanian residents view older and younger people? The survey contained the following questions on the matter: "How likely it is that most people in Lithuania view those in their 20s with envy?" (E25)/pity (E26)/admiration (E27)/ contempt (E28); and "How likely it is that most people in Lithuania view those over 70 with envy?" (E29)/pity (E30)/admiration (E31)/contempt (E32). On a five-point scale with 0—"Not at all likely to be viewed that way" and 4—"Very likely to be viewed that way", answers rather clearly demonstrate much less admiration and envy toward older rather than younger people (respectively, 1.25 v. 2.21 and 1.8 v. 2.5); meanwhile, older people receive more pity than the young (2.52 v. 1.43; the difference is statistically significant in all cases). The fact that people over 70 are viewed neither with envy nor with admiration, but with pity is consistent with the stigmatized status. Besides, older people themselves had a more skeptical view toward a possibility of admiration for people over 70, as the relationship between variables was weak and inverse (Spearman's coefficient was -0.09, $p=0.000$). This would be indicative of an internalized stigma.

Responding to the question "How serious, if at all, would you say discrimination is in Lithuania against people because of their age – whether they are old or young?" (E55), the majority of respondents chose somewhat moderate answers, namely, "not very serious" (3) (29 % of respondents) and "quite serious" (2) (25 % of respondents); and only 4 % agreed that discrimination was "very serious" (1).

Comparing the percentages of answers stating age discrimination as "not very serious" (approx. 3 points out of 4) on the international scale, Lithuania is positioned at the bottom of the ranking (26th out of 30) next to Greece, Croatia and Cyprus (Figure 7), while most advanced Western countries remain on top with much greater parts of their population perceiving the existing age discrimination as "quite significant". The question then is, whether these differences can be explained by either much stronger youth cult and more diverse manifestations of age discrimination in the West or a greater sensitivity of the Western societies as well as more keen observation of these manifestations. The answer will be sought with the help of more specific indicators, namely, personally experienced age discrimination (E35, E38, and E39).

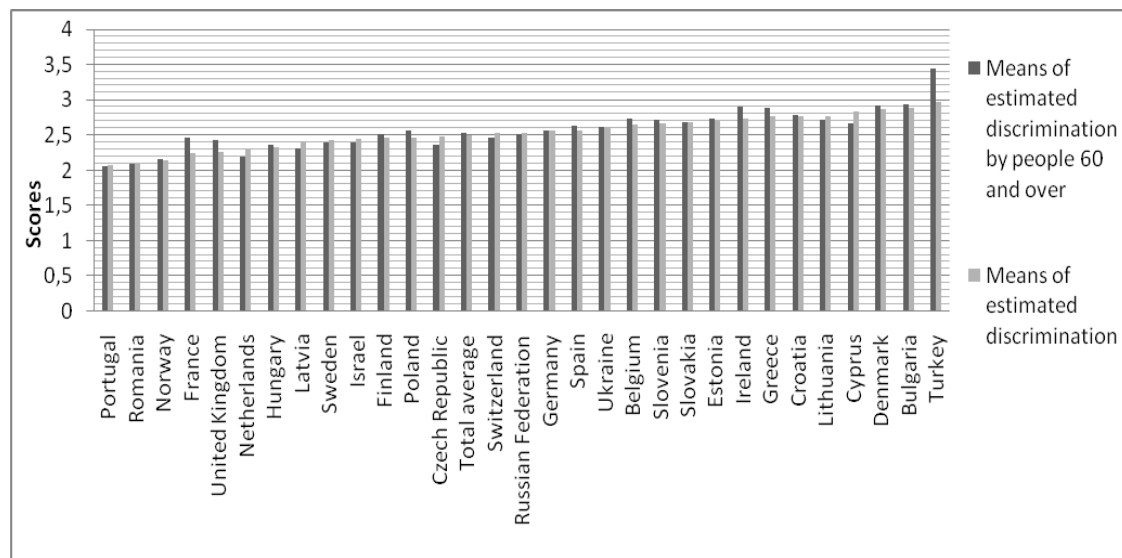


Figure 7.

Means of estimated age discrimination (1—"very serious", 2—"quite serious", 3—"not very serious", 4—"not at all serious") and means of estimated discrimination by respondents aged 60 and older in different countries, in scores.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

Similarly, although the mean scores of importance to be unprejudiced against other age groups and to be seen as being unprejudiced against them to Lithuanian population are higher than middle values, in the international context they appear to be among the least (27th position of 30). These mean scores are lesser only in Russia, Slovakia and Ukraine. Thus, Lithuania belongs to the countries least concerned with the tolerance to other age groups.

Both the overall mean of evaluations and national evaluations on discrimination given by respondents over 60 were often a little greater than respective overall national scores (i.e. older people regarded discrimination as lower). However, Lithuania belongs to countries with older residents awarding a lower score to age discrimination (i.e. they believed discrimination was greater). As this difference constitutes a gap between the overall opinion of the society regarding age discrimination and the opinion of one discriminated group, namely, older people, this demonstrates insensitivity of a specific society toward discrimination of older people. This statement is based on international comparison of responses to questions E35, E38 and E39.

Ageism experienced by respondents was analyzed by ESS with the help of separate question block. Although to the question "How often, in the past year, anyone has shown prejudice against you or treated you unfairly because of your age?" (E35), the majority of respondents (68 %) answered "never" (0); the overall mean score on the five-point scale (0—"never", 4—"very often") amounted to 0.52 and differences of experienced hostility in age groups were statistically significant (value of criterion F was 7.07, $p=0.000$): means of evaluations given by respondents aged 18–44 differed from means of evaluations given by respondents of 15–17 and 65–89; and means of evaluations of respondents aged 45–64 differed from means of evaluations given by the oldest respondents (Figure 8). Working age respondents (aged 18–64) said they experienced less ageism compared to younger or older respondents. The relationship between evaluation on hostile prejudice and age of respondents is weak (Spearman's coefficient was 0.06, $p=0.014$).

Consequently, older people experience ageism more frequently than working age respondents. It should be noted that more than 37 % of respondents in the age group 65–74 and 47 % of respondents aged 75–89 said they experienced hostile prejudice over the course of 12 months, which is indicative of the prevalence of age stigma. The answer “very often” was chosen by 3 % of respondents aged 65–74, which shows intensity of the stigma.

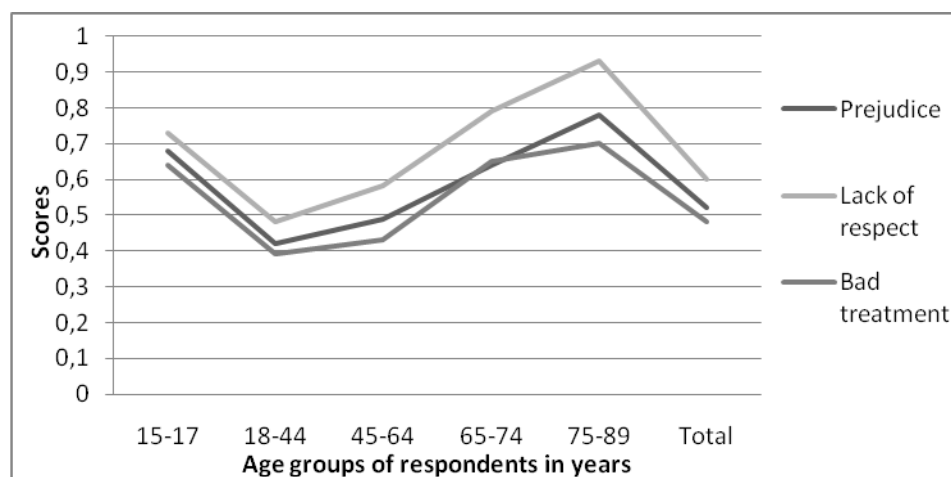


Figure 8.

Means of estimated prejudice, lack of respect and bad treatment experienced because of age (0—“never”, 4—“very often”) in age groups of Lithuanian respondents, in scores.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

Responding to the question “How often, if at all, in the past year have you felt that someone showed you a lack of respect because of your age, for instance by ignoring or patronizing you?” (E38), respondents most frequently (63 %) chose the answer “never” (0) (mean evaluation—0.60). Still, differences in means of evaluations given by respondent age groups were statistically significant (value of criterion F was 9.98, $p=0.000$): there were differences in means of evaluations given by two youngest age groups, and means of evaluations given by respondents aged 18–64 differed from means of evaluations given by two oldest respondent groups (Figure 8). Means of evaluations on disrespectful behavior experienced by working age respondents were lower than respective means of evaluations of younger and older respondents; consequently, older people experienced disrespectful behavior more often than working age people. A weak yet statistically significant relationship between disrespectful behavior and age of respondents (Spearman’s coefficient was 0.08, $p=0.000$) was detected. It should be noted that 44 % of respondents aged 65–74 and 55 % of respondents of 75–89 experienced disrespectful behavior over the latter year, which indicates the prevalence of age stigma. The answer “very often” was most frequently chosen by respondents aged 65–74 (5 %), which shows intensity of the stigma.

To the more specific question “How often in the past year has someone treated you badly because of your age, for example by insulting you, abusing you or refusing you services?” (E39), the majority of respondents (68 %) answered negatively as well; the mean of evaluations amounted to 0.48; however, differences in means of evaluations were statistically significant in age groups (value of criterion F was 9.00, $p=0.000$): means of evaluations given by respondents aged 18–64 differed from means of evaluations

given by younger and older respondents³ (Figure 8); consequently, older people experienced bad treatment more frequently than people of working age. The relationship between experienced bad treatment and age of respondents was statistically significant yet weak (Spearman's coefficient was 0.06, $p=0.006$). It should also be noted that 39 % of respondents in the age group 65–74 and 44 % of respondents aged 75–89 said they experienced bad treatment during the latter year, which indicates the prevalence of old age stigma. Respondents in the age group 65–74 chose the answer "very often" (4) more frequently than others (3 % compared to 0.5–1 %), which shows intensity of the stigma.

Age-related prejudice, lack of respect and bad treatment experienced by older people in Lithuania prove the existence of old age stigma. Nearly half of older respondents (37–45 % aged 65–74 and 44–55 % of respondents aged 75–89) have experienced such behavior in the past 12 months. These data can be interpreted as the evidence of the dominance of stigma experience. Such behavior was especially frequently faced by 3–5 % of respondents aged 65–74, which could be interpreted as evidence for stigmatization experience of the maximum intensity (4 points).

International comparison revealed that hostile prejudice experienced by Lithuanian residents (question E35) was a little lower than that of other countries (Lithuanian mean score equaled 0.52 and that of other countries was 0.62), which was especially evident among respondents younger than 60 (the Lithuanian mean equaled 0.46, means of other countries—0.62). Again, does that mean that ageism in Lithuania is low or is the society insensitive to this type of discrimination? Comparison of hostile prejudice experienced by people over 60 results in the 26th position out of 30 (the Lithuanian mean amounting to 0.68, means of other countries—0.62; below Lithuania is Slovakia (mean 0,73), Romania (0,81), Ukraine (0,86), Russia (1,09), and Czech Republic (1,16)). Consequently, Lithuania falls into the category of countries, in which the mean of hostility experienced by the older is greater than that of younger people (Figure 9) with the difference amounting to as much as 0.22 (0 in other countries).

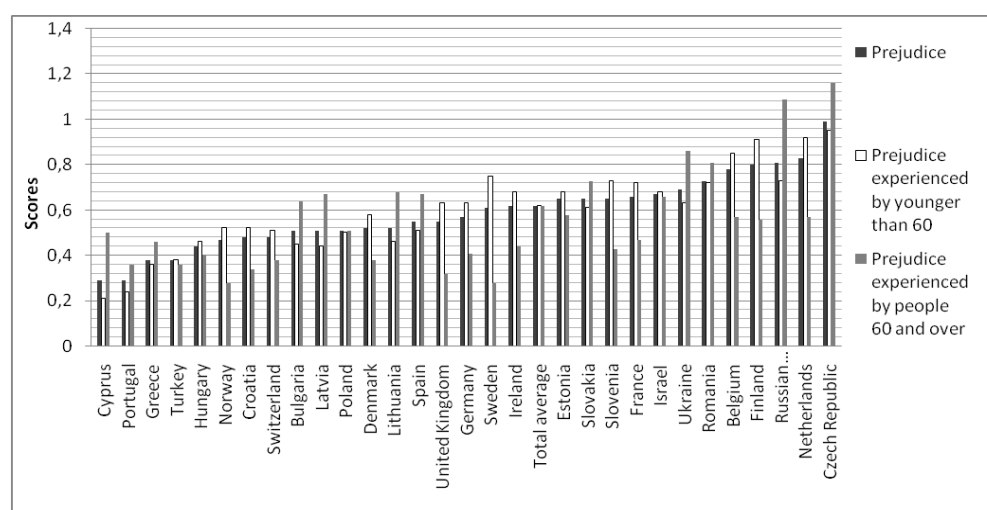


Figure 9.

Mean estimations (0—"never", 4—"very often") of prejudice experienced because of age in scores; mean estimations of younger than 60, 60 and older respondents in scores in different countries.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

³Found according to *Hochberg's* criterion. According to *Games-Howell* criterion, means of evaluations given by respondents in age groups 45–64 and 75–89 did not differ.

A similar difference was observed in the Czech Republic (-0.21), Ukraine (-0.23), and Latvia (-0.23); while in Cyprus (-0.29) and Russia (-0.36), it was even greater. Countries of Western Europe, namely, Germany (0.22), Ireland, Belgium, France, the United Kingdom, Netherlands, Norway, Finland, and Sweden (0.47), had a large difference with an opposite sign (with greater hostile prejudice experienced by younger people).

International comparison of age-related disrespectful behavior (E38) positioned Lithuania below the average (the result amounted to 0.6, whereas the mean of other countries was 0.7), which was especially evident among respondents younger than 60 (means amounting to 0.52 and 0.7, respectively) (Figure 10). Comparison of age-related disrespectful behavior experienced by older people in different countries positioned Lithuania at the bottom (24th out of 30; with the Lithuanian mean of 0.82, whereas the overall mean of other countries was 0.69; below Lithuania was Bulgaria (mean 0.86), Slovenia (0.94), Turkey (1.05), Spain (1.09), U.K. (1.15), and Czech Republic (1.19); Figure 10). Consequently, older people of Lithuania experience age-related disrespectful behavior almost as frequently as residents of Greece and Bulgaria, and much more frequently than older people residing in Sweden, the Netherlands and Denmark. The difference between age-related disrespectful behavior experienced by younger and older residents of Lithuania amounts to -0.3, which is among the greatest (the means difference in other countries amounts to 0.01). Similar scores were observed in Bulgaria (-0.27) and Cyprus (-0.25); greater scores were only detected in Russia (-0.34) and Ukraine (-0.39). In France, the United Kingdom, the Netherlands and Sweden, the difference had an opposite sign, which shows that younger people faced disrespectful behaviour more frequently.

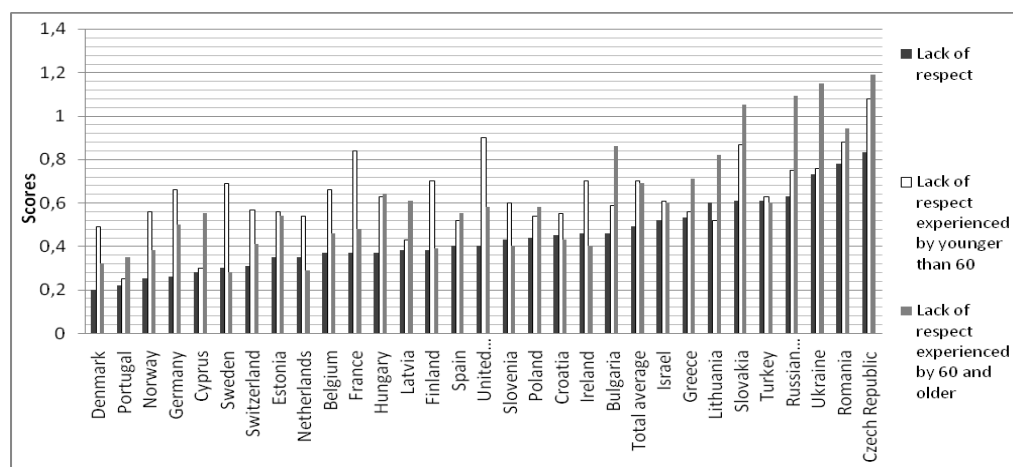


Figure 10.

Mean estimations (0—"never", 4—"very often") of the lack of respect experienced because of age in scores; mean estimations of younger than 60, 60, and older respondents in scores in different countries.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

In the international context according to results on experienced bad treatment (E39), Lithuania is positioned in the last third in terms of all residents (22nd with the mean score of 0.48, the mean score of other countries amounting to 0.49) as well as residents of 60 and older (25th with the mean score of 0.66, the mean score of other countries amounting to 0.51) (Figure 11). A similar mean score on experienced

bad treatment was detected in Ireland, Bulgaria, Israel and Greece (the biggest—in U.K. (0,73), Slovenia (0,78), and Czech Republic (0,83)); whereas in the age group of 60 and older—in Greece and Slovakia (the biggest—Romania (0,84), Russia (0,88), Czech Republic (0,95), and Ukraine (0,99)). In the international context, bad treatment experienced by Lithuanian residents younger than 60 was average (17th with the mean score of 0.41, the mean score of other countries amounting to 0.48).

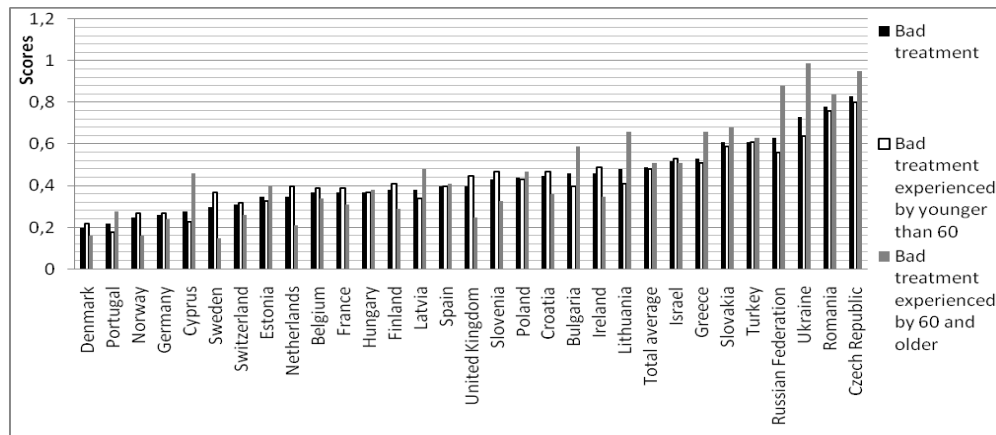


Figure 11.

Mean estimations (0—"never", 4—"very often") of bad treatment experienced because of age in scores; mean estimations of younger than 60, 60, and older respondents in scores in different countries.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

The overall mean score of bad treatment experienced by respondents of other countries differs from the mean score of bad treatment experienced by older people only by 0.02 (0.49 for all residents, 0.51 for older residents), while in Lithuania, this difference is much greater and amounts to -0.18 (0.48 and 0.66, respectively). In case of Lithuania, the difference was even greater between the age groups below 60, 60, and older as it amounted to as much as -0.25 (the overall score of other countries was only -0.03). As it was mentioned before, in terms of opinion on existing discrimination this difference probably spotlights insensitivity of the society; however, in this particular case of experienced bad treatment, it indicates greater discrimination faced by a distinct age group, which is significant in the international comparison. A difference similar to that in Lithuania, indicating that older people experience bad treatment more frequently than younger respondents, was observed in Cyprus (-0.23), while greater — only in Russia (-0.32) and Ukraine (-0.35). And only Sweden had a significant difference indicating that people younger than 60 experience bad treatments more frequently than older people (0.22).

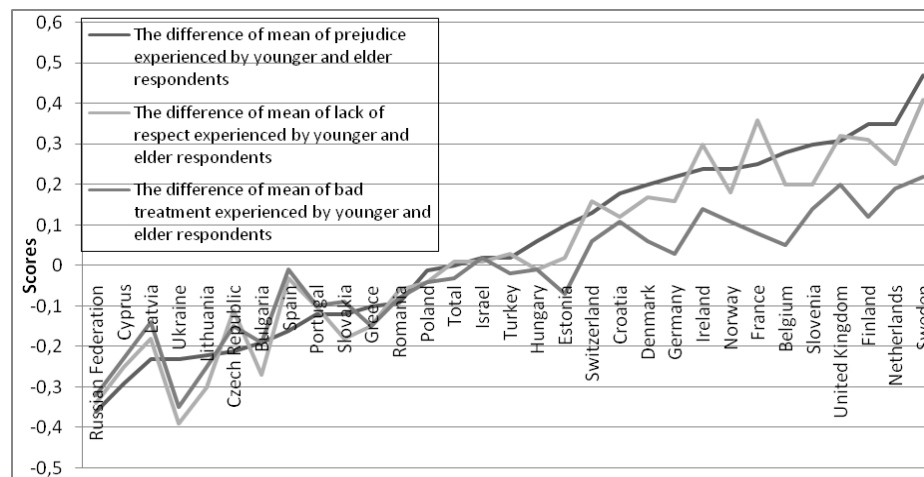


Figure 12.

Differences between mean scores of prejudice, lack of respect and bad treatment experienced by younger than 60, 60, and older respondents in scores in different countries.

Source: compiled by the author on the basis of ESS Round 4 (2008) data.

International comparison of mean scores on age-related prejudice, lack of respect and bad treatment experienced by respondents younger than 60 with those over 60 revealed a rather explicit polarization of countries: larger negative values (more serious discrimination of older people) were characteristic of Russia, Cyprus, Latvia, Ukraine, Lithuania, Czech Republic, Bulgaria, Spain, Slovakia, and Greece; while relatively high positive values (more serious discrimination of younger people) were typical of Sweden, the Netherlands, Finland, the United Kingdom, Belgium, and France (Figure12).

It is interesting that in terms of the onset of old age (E2), input of the elderly into the economy (E14), results of Lithuania as well as other post-communist countries were similar to those of Mediterranean countries. This somewhat unexpected link between post-communist and Mediterranean countries has been earlier detected by researchers in the context of the analysis on the development of Capitalism (Norkus, 2008:587-597); thus, it probably reflects the general developmental trends of these countries.

Thereby, no doubt is left that neither the cult of youth is more influential in the West nor manifestations of age discrimination are more diverse but rather the public is more observant and sensitive. Additionally, it has to be stated that age discrimination is deep-rooted in the Lithuanian society, as well as some other post-communist countries, which do not realize the harm brought by discrimination and do not recognize its manifestations.

4. Conclusions and discussion

As demonstrated by results of the Round 4 of ESS, the onset of old age is indeterminate and distances with age, i.e. people either do not want to grow old or admit their aging. At least one quarter of the elderly in Lithuania (rather strongly) identify themselves as young people, which proves their efforts to stay young.

The hypothesis of old age stigma in Lithuania is supported by the fact that social status of people over 70 is considered to be lower than that of younger people of working age. The Lithuanian society has a negative view toward competent elderly managers. The international comparison underlined this contrast; it

revealed even greater intolerance in Ukraine, Russia, Hungary, Slovakia, and Bulgaria. The fact that the elderly are not viewed with envy or admiration but rather with pity fits well with the stigmatized status.

The ESS data analysis revealed the hidden stigmatization of ageing: the surface of the general positive view of older people, the appreciation of their competence, high morals and the verbal public declaration of respect hides intolerance, pity and discriminatory behavior. The conflicting attitude of the Lithuanian society toward the elderly is not surprising, as it has been even more vividly expressed ten years ago. Back then, declarative respect for the elderly was stated as well as discriminatory attitudes supporting the limitation of the right of pensioners to work (Mikulionienė, 2003). However, we should probably celebrate the progression toward greater consistency and consciousness in cognitive and behavior-determining attitudes.

Several views of older people that deviate from general tendencies could mean their claim of exceptionality and indicate internalized old age stigma (according to E. Goffman): the elderly had a more favorable opinion on friendliness and moral qualities of the people over 70, and they expressed more skeptical views toward friendliness, competence, morality, and worthiness of respect of the young. Additionally, they were more skeptical about the possibility that most people admired those over 70, and more opposed to the opinion that the majority felt pity and contempt toward the young.

Lithuanian population over 60 experienced age-related prejudice, lack of respect and bad treatment more often than younger people as well as their peers in the advanced Western countries: Lithuanian results are similar to the level of other post-communist and Mediterranean countries. Even more worrying situation is in Czech Republic, Ukraine and Russia.

The old age stigma is widespread in Lithuania (nearly half of older respondents have experienced age-related prejudice, lack of respect, or bad treatment during the past year) and in some cases, it is very intense as well (3–5 % of respondents aged 65–74 reported very frequently suffering from such behavior).

Lithuania did not take part in the Round 3 of the European Social Survey. Analysis of the link between age and loneliness, which is traditionally related to old age, revealed that variations between age groups were much smaller than variations between different nations (Yang, Victor, 2011). Among the loneliest were Ukraine, Russia, Romania, Slovakia, Poland, Hungary, Bulgaria, and Latvia. In Western countries, the age group of 60 and older, which is regarded as the loneliest, contained from 3 % (Denmark) to 9 % (Belgium) of lonely people; while in Ukraine this figure amounted to 34 %, Russia — 24 %, Hungary — 21 %, and Latvia — 19 % (Yang, Victor, 2011). Discussion of the results underlines that loneliness is defined by the perceived gap between expected, probable and realistic social relationships (Yang, Victor, 2011). Clearly, stigma is a barrier to social recognition and full-fledged participation. The analysis of ESS Round 4 data complements the findings: these countries face a greater level of old age stigmatization.

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References

- Alison, K.W. (1998). Stress and oppressed category membership. In *Prejudice: The Target's Perspective*, ed. J.K. Swim, C. Stangor, pp. 145-70. San Diego, CA: Academic.
- American Heart Association (2003). Stroke risk factors. Dallas: American Heart Association. Available at: <http://www.americanheart.org/presenter.jhtml?identifier=237> [Accessed 12 May 2007].

- Bauman, Z. (2007). *Globalizacija: pasekmės žmogui*. Vilnius, Apostrofa.
- Braddock, J.H., McPartland, J.M. (1987). How minorities continue to be excluded from equal employment opportunities: research on labor market and institutional barriers. *J. Soc. Issues* 43:5-39.
- Clark, R., Anderson, N.B., Clark, V.R., Williams, D.R. (1999). Racism as a stressor for African Americans: a biopsychosocial model. *Am. Psychol.* 54:805-16.
- Crandall, C.S. (1995). Do parents discriminate against their heavyweight daughters? *Personal. Soc. Psychol. Bull.* 21:724-35.
- Crandall, C.S., Eshleman, A. (2003). A justification-suppression model of the expression and experience of prejudice. *Psychol. Bull.* 129:414-46.
- Crocker, J., Major, B., Steele, C. (1998). Social stigma. In *Handbook of Social Psychology*, ed. S. Fiske, D. Gilbert, G. Lindzey, vol. 2, pp. 504-53. Boston, MA: McGraw-Hill.
- Crosby, F. (1982). *Relative Deprivation and Working Women*. New York: Oxford Univ. Press.
- Darley, J.M., Fazio, R.H. (1980). Expectancy confirmation processes arising in the social interaction sequence. *Am. Psychol.* 35:867-81.
- Deaux, K., Major, B. (1987). Putting gender into context: an interactive model of gender-related behavior. *Psychol. Rev.* 94:369-89.
- Emlet, Ch.A. (2005). Measuring Stigma in Older and Younger Adults with HIV/AIDS: An Analysis of an HIV Stigma Scale and Initial Exploration of Subscales. *Research on Social Work Practice*, 15, 291 – 300.
- Eurobarometras 71.2. (2009). Diskriminacija ES šalyse 2009 [pdf] Europos komisija. Available at: http://ec.europa.eu/public_opinion/archives/ebs/ebs_317_fact_lt_lt1.pdf [Accessed 22 December 2014].
- European Social Survey (2007). Question Module Design Team (ESS Round 4) Application Form [pdf] London: ESS ERIC. Available at: http://www.europeansocialsurvey.org/docs/round4/questionnaire/ESS4_abrams_proposal.pdf [Accessed 22 December 2014].
- European Social Survey (2008a). Dataset: ESS4–2008, edition 4.0. Norway: Norwegian Social Science Data Services. Available at: <http://nesstar.ess.nsd.uib.no/webview/> [Accessed 10 July 2012].
- European Social Survey (2008b). Experiences and Expressions of Ageism: Module template with background information, survey questions [pdf] London: ESS ERIC. Available at: http://www.europeansocialsurvey.org/docs/round4/questionnaire/ESS4_final_ageism_module_template.pdf [Accessed 22 December 2014].
- Evans, M.D.R., Keley, J. (2004). „Subjective Social Location: Data from 21 Nations“, *International Journal of Public Opinion Research* 16(1), 3-38.
- Fazio, R.H., Effrein, E.A., Falender, V. (1981). Self-perceptions following social interaction. *J. Personal. Soc. Psychol.* 41:232-42.
- Fiske, S. (1993). Controlling other people: the impact of power on stereotyping. *Am. Psychol.* 48:621-28.
- Fiske, S. T. (1998). Stereotyping, prejudice, and discrimination. In *The Handbook of Social Psychology*, ed. D.T.Gilbert, S.T.Fiske, 2:357-411. Boston, MA: McGraw Hill.
- Goffman, E. 1986 (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Touchstone.
- Yang, K., Victor, Ch. (2011). Age and Loneliness in 25 European Nations, *Ageing & Society* 31, 1368-1388.
- Yinger, J.M. (1994). *Ethnicity: Source of Strength? Source of Conflict?* Albany, NY: State Univ. NY Press.
- Jackson, J.S., Brown, T.N., Williams, D.R., Torres, M., Sellers, S.L., Brown, K. (1996). Racism and the physical and mental health status of African Americans: a thirteen-year national panel study. *Ethn. Dis.* 6:132-47.
- James, S.A., LaCroix, A.Z., Kleinbaum, D.G., Strogatz, D.S. (1984). John Henryism and blood pressure differences among black men: II. The role of occupational stressors. *J.Behav.Med.* 7:259-75.
- Jones, E. E., Farina, A., Hastorf, A.H., Markus, H., Miller, D.T., Scott, R.A. (1984). *Social Stigma: The Psychology of Marked Relationships*. New York: Freeman.
- Jussim, L., Pagumbo, P., Chatman, C., Madon, S., Smith, A. (2000). Stigma and self-fulfilling prophecies. In Heatherton, T.F., Kleck, R.E., Hebl, M.R., Hull, J.G., eds. *The Social Psychology of Stigma*. New York: Guilford, pp. 374-418.
- Krieger, N. (1990). Racial and gender discrimination: risk factors for high blood pressure? *Soc. Sci. Med.* 30:1273-81.
- Kuypers, J., Bengtson, V.L. (1972). Social Breakdown and Competence: A Social Psychological View of Aging. *Human Development*, 16.
- Leary, M.R., Schreindorfer, L.S. (1998). The stigmatization of HIV and AIDS: rubbing salt in the wound. In *HIV and Social Interaction*, ed. V.Derlega, A.P.Barbee, pp. 12-29. Thousand Oaks, CA: Sage.
- Liebertson, S. (1985). *Making It Count: The Improvement of Social Research and Theory*. Berkeley: Univ. Calif. Press.
- Link, B.G., Phelan, J.C. (2001). Conceptualizing stigma. *Annu. Rev. Sociol.* 27:363-85.

- Major, B., Eccleston, C.P. (2004). Stigma and social exclusion. In *Social Psychology of Inclusion and Exclusion*, ed. D. Abrams, J. Marques, M.A. Hogg, pp. 63-87. New York: Psychol. Press.
- McEwen, B. S. (2000). The neurobiology of stress: from serendipity to clinical relevance. *Brain Res.* 886-172-89.
- Mikulionienė, S. (2003) Pagarba, diskriminacija, neišprusimas? Požiūrio į pagyvenusius žmones analizė. – *Filosofija. Sociologija* 2, p. 59-62.
- Mikulionienė, S. (2011). *Socialinė gerontologija: vadovėlis*. Vilnius: MRU.
- Mullen, B., Salas, E., Driskell, J.E. (1989). Salience, motivation, and artifact as contributions to the relation between participation rate and leadership. *Journal of Experimental Social Psychology* 25:545-59.
- Nelson, T.D. (2002). *Ageism: Stereotyping and Prejudice Against Older Persons*. Cambridge, MA: MIT Press.
- Norkus, Z. (2008). *Kokia demokratija, koks kapitalizmas? Pokomunistinė transformacija Lietuvoje lyginamosios istorinės sociologijos požiūriu*. V., Vilniaus universiteto leidykla.
- Öberg, P., Tornstam, L. (2001). Youthfulness and Fitness – Identity Ideals for All Ages? *Journal of Aging and Identity* 6 (1): 15–29.
- Oliver, M. (1992). *The Politics of Disablement*. Basingstoke: Macmillan.
- Oulette Kobasa, S. C., Bochnak, B., and McKinley, P. S. (1991). *Patient identity with systemic lupus erythematosus*. Paper presented at the 26th Arthritis Health Professions Association National Scientific Meeting, Boston.
- Sidanius, J., Pratto, F. (1999). *Social Dominance: An Intergroup Theory of Social Hierarchy and Oppression*. New York: Cambridge Univ. Press.
- Snyder, M., Tanke, E.D., Berscheid, E. (1977). Social perception and interpersonal behavior: on the self-fulfilling nature of social stereotypes. *J. Personal. Soc. Psychol.* 35:656-66.
- Stafford, M., C., Scott, R., R. (1986). Stigma deviance and social control: some conceptual issues. In *The Dilemma of Difference*, ed. S.C.Ainlay, G.Becker, L.M. Coleman. New York: Plenum.
- Steele, C.M. (1997). A threat in the air: how stereotypes shape intellectual identity and performance. *Am. Psychol.* 52:613-29.
- Taylor, D.M., Wright, S.C., Porter, L.E. (1994). Dimensions of perceived discrimination: the personal/group discrimination discrepancy. In *The Psychology of Prejudice: The Ontario Symposium*, ed. M.P.Zanna, J.M. Olson, vol. 7, pp. 233-55. Hillsdale, NJ: Erlbaum.
- Victor, Ch.R. (2005). *The Social Context of Ageing; A Textbook of Gerontology*. (2nd ed.) London, New York: Routledge.
- Vorauer, J., Kumhyr, S.M. (2001). Is this about you or me? Self-versus other-directed judgments and feelings in response to intergroup interaction. *Personal. Soc. Psychol. Bull.* 27:706-19.
- Werner, P., Stein-Shvachman, I., Heinik, J. (2009). Perceptions of self-stigma and it's correlates among older adults with depression: a preliminary study, *International Psychogeriatrics* 21:6, 1180 – 1189.